

## Foster Family Home - Corrective Action Report

Provider ID: 1-160048

Home Name: Gilbert Julian Jr, RN

Review ID: 1-160048-3

92-526 Palailai St.

Reviewer: Carrie Wakai

Kapolei HI 96707

Begin Date: 10/20/2017

End Date: 10/20/2017

Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Home visit made <sup>for</sup> a 2 person CCFFH requesting to increase to a 3 person CCFFH. Home was in compliance with all requirements. Home will receive a 1 year 3 person certificate.

Carrie Wakai's rev  
Compliance Manager

[Signature]  
Primary Care Giver

10/20/17  
Date

10/20/17  
Date